

HEALTH
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Crawley Urban District Council

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1956



FIRST

A N N U A L R E P O R T

OF THE PUBLIC HEALTH DEPARTMENT

of the

CRAWLEY URBAN DISTRICT

of

WEST SUSSEX

1956

K.N. Mawson, M.B., Ch.B., D.P.H., F.R.S.H.
Medical Officer of Health.

T. Steel, M.A.P.H.I.
Chief Public Health Inspector.

Health Department,
Goffs Park House,
Crawley.

A faint, light-colored watermark or background image of a classical building with multiple columns and a triangular pediment is visible across the entire page.

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CRAWLEY URBAN DISTRICT COUNCIL

Health Department,
Goffs Park House,
Crawley.

June, 1957.

To the: Chairman and Members of the
Crawley Urban District Council.

Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of the District, in which details are given of the work of the Public Health Department during 1956. This report has been prepared in accordance with the Ministry of Health Circular No. 19/56.

As the Crawley Urban District came into being on the 1st April, 1956, this report covers a period of nine months only, a fact which has naturally created certain difficulties to which reference is made below.

At the time the Urban District was formed, two Public Health Inspectors who had been appointed by the Horsham Rural District Council to work in the Town were transferred to the Council's service, and shortly afterwards Mr. T. Steel was promoted to the post of Chief Public Health Inspector. Having then had two years' experience in the Department, Mr. Steel was well acquainted with the specialised problems of New Town development, so the transfer was effected smoothly.

Vital Statistics

Detailed figures will be found in the table on page 10, but these call for some explanation.

It is the normal practice to calculate Birth and Death Rates on a mid-year population, these figures being provided by the Registrar-General. However the use of the mid-year estimate for Crawley during 1956 must lead to slight errors, as the Birth and Death registrations refer to the second, third and fourth quarters only. Separate calculations have therefore been made, using the Registrar-General's estimate for the mid-year and also the estimated population for August 18th, - i.e. for the middle of the period under review. In each case an adjustment has been made to cover the first quarter. However it is needless to say that any rate, calculated on a period of less than a year, is apt to overstate or understate the true figure. For it does not follow that the number of births or deaths for a whole year will be four times the number occurring in any quarter, so the rates quoted are the nearest possible assessment.

We are fortunate in Crawley in that it is possible to obtain a fairly accurate estimate of the population at any given time. Each month the

Health Department passes details of births and deaths to the Research Officer of the Crawley Development Corporation, both with regard to those registered locally and those occurring outside the District, - i.e. "transferred" births and deaths. This assists him to keep accurate records, and the Research Officer has kindly provided me with his figures for each quarter, which are as follows:-

| | | |
|----------------------|-----|--------|
| 31st December, 1955 | ... | 29,450 |
| 31st March, 1956 | ... | 30,580 |
| 30th June, 1956 | ... | 32,150 |
| 31st September, 1956 | ... | 33,950 |
| 31st December, 1956 | ... | 36,029 |

This table reveals an increase during the year of 6,579.

In an area with a comparatively small population, it is important to remember that too much attention should not be paid to the annual variations in vital statistics. For example a very few premature births may lead to a considerable rise in the infant mortality rate, or a few babies born out of wedlock may increase alarmingly the rate of illegitimacy.

The highest mortality occurs at the two extremes of life and as a whole females have the lower death rate; urban areas being for the most part industrial centres, have a bigger proportion of people living in the middle-age periods of life, ages at which the death rates are low and the birth rates higher than the national average; whereas rural areas and seaside resorts have a greater number of elderly residents. Some correction must therefore be made for these irregularities of distribution as regards age and sex, as otherwise the rates would afford no accurate means of comparing the healthiness of one district with that of another. For this purpose the Registrar-General each year provides a figure for the calculation of standardised rates, and the standardised birth and death rates will be found among the vital statistics, being shown as the figure "adjusted by Comparability Factor". Thus the Crude Death Rate is seen to have been at the very low figure of 5.32. Even after application of the Comparability Factor, the standardised rate is only 9.7, - below the national average.

Similarly the high birth rate of 26 per 1,000 population is reduced to 19.5 when "standardised", but it remains well above the figure for England and Wales.

Notifiable Infectious Disease

As will be seen from the table on page 14, the incidence of these diseases during 1956 was low. During the closing months of the year an outbreak of Measles occurred, 380 cases having been notified at the end of December. There is usually a biennial peak in the incidence of this disease and the high proportion of children among the Crawley population suggests the probability of an outbreak each second year. Surprisingly only one case of

Scarlet Fever was notified, and in accordance with modern practice this child was home nursed. Still a serious disease at the turn of the century, apt to give rise to serious complications and carrying a not inconsiderable mortality, "Scarlet Fever" is now normally a mild affliction and the incidence of complications is lower among those who are nursed at home than those who are admitted to hospital. Only such cases as develop a rash are notified, while many others, suffering from the same streptococcal infection, may show only signs of tonsillitis with but a slight fever. The Ministry of Education no longer advise the exclusion of contacts from school, although adult contacts who are engaged in the preparation of school meals are kept from their work until certified free from infection by the Medical Officer of Health.

Of the nine cases of poliomyelitis which were notified, five showed evidence of paralysis and four were non-paralytic. The ages of these patients are of interest, as only three of the cases were children. During the last decade there has been a tendency for this disease to affect the older age groups. However the age structure of the Crawley population must mean that there are many susceptibles in the town, and for that reason all possible precautions are taken, home contacts being placed on strict "home and garden" quarantine when possible. Advice with regard to precautions is given verbally and by leaflet. I have previously drawn attention to the difficulty of controlling the movements of adult contacts, unless the employers concerned agree to give financial assistance. Should a Medical Officer of Health exclude such an individual from work, he becomes entitled to sickness benefit at the normal rate, - but this involves serious financial loss if he be the principal wage earner of the family. I am greatly indebted to those employers who have agreed to make up the loss in such cases to workers on their pay rolls, and have thus facilitated the exercise of efficient public health control. While it is admittedly impossible to predict the course of any outbreak of this disease, it is my belief that the action taken during the last few years in Crawley may well have done much to limit the spread of poliomyelitis.

Although there is no longer any statutory obligation upon a Medical Officer of Health of a Local Sanitary Authority to maintain a Tuberculosis Register, I feel that such a record is essential if a Health Department is to carry out its duties satisfactorily. A register has therefore been prepared for the Crawley Urban District and to this were transferred full details of those cases, resident in Crawley, who had been notified while in the Horsham Rural District. All new notifications in the Crawley Urban District have since been added, together with all "transferred" cases who have moved to Crawley from elsewhere. In this connection close co-operation is maintained with the County Medical Officer and with the Chest Physician.

An extract from the register is shown in the table on page 14.

A study of Tuberculosis over the last century and more gives some grounds for optimism. While there are many human afflictions which cannot be prevented because too little is known of their causation, the conquest of the last of the great infective scourges of the nineteenth century - tuberculosis - is becoming ever more probable. There can be no question that a great epidemic wave of the disease spread over England and Wales in the eighteenth century, reaching its peak in the early years of the nineteenth, and this high incidence can safely be attributed to the deterioration in living conditions which arose during the Industrial Revolution. Flocking from the country to the towns, the great mass of the people lived in squalid and overcrowded dwellings, passing their long hours of work in dark and insanitary factories. Contact was close and infection could pass easily, while the move to urban surroundings was only too often accompanied by a lowering in nutritional standards. Similar dangers arose for the natives of West Africa who came to work in the great ports of Bristol and Cardiff, and their more recent counterparts, the tuberculin-negative Irish immigrants who move to London and the industrial Midlands.

While the association between tuberculosis and overcrowding has been proved beyond doubt, poverty has been shown to be an even more important factor. As a slow improvement in housing and general conditions proceeded in the closing years of the last century, the incidence of infection declined and this fall has since continued.

One encouraging feature has been the marked fall during recent years in bovine infection, of which the most reliable indication is given by the numbers of deaths from abdominal tuberculosis in children under five, since the majority of these were believed to have acquired their disease from infected milk. Between 1921 and 1953, the death rate per million in the London area fell from 136 to 4, in urban districts from 336 to 1 and in rural areas from 252 to 12. Here the most important factor has been the extension in heat-treatment of milk and now between 80 and 90% of the population reside in areas where only specially designated milk is sold. A recent survey of school-leavers in Crawley showed that 16% of the children were tuberculin-positive, while we are finding that the figure for West Sussex children generally is nearly 30%. With the recent extension of the areas in which raw milk may not be retailed, the latter figure will steadily drop. Certainly the marked difference in these findings is attributable to the fact that many Sussex children were drinking raw milk in their earlier years.

Now, the detection of recently infected persons, as revealed by the tuberculin test, and the tracing of the source of their infection, becomes a matter of vital importance. It is hoped that in this area in the near future the testing of all school entrants will be possible. In the majority of cases in this age group the finding of a positive reaction indicates a human infection, usually from someone in the family circle, and it is a most valuable method of ascertainment.

With the prohibition on the sale of unsafe milk, the provision of a good standard of housing for the people, of modern schools for the children

and good working conditions for their parents, together with modern methods of ascertainment such as Mass X-ray and tuberculin testing, it is reasonable to hope that the incidence of this disease in the New Town will be at a low level.

Taking the country as a whole the notification rate has not fallen so steeply as the death rate, but it must be remembered that more thorough ascertainment, including the detection by Mass X-ray of the early case, contributes to the former. Hand-in-hand with preventive measures, the curative services have developed greatly improved methods of treatment. The use of modern antibiotics and chemical drugs, and the great advances in thoracic surgery which have been made particularly in the last decade, together lead to a very different outlook for the person who is told that he is suffering from tuberculosis. Where before he could only look forward to years of invalidism with but a poor chance of survival, the early case can now, owing to modern methods, be given a good hope of effective treatment and permanent cure.

Routine enquiries are made by the staff of the Health Department, primarily with the object of tracing the source of infection, immediately on receipt of a notification of infectious disease. Advice is given as necessary to parents and arrangements made for the exclusion from school of any child contacts for the prescribed periods. In certain cases disinfection may be carried out.

Copies of notifications of Infectious Diseases are forwarded by the District Medical Officer of Health to the County Medical Officer within forty-eight hours of their receipt. Weekly returns of the numbers of cases of Infectious Disease notified are made to the Registrar General and to the County Medical Officer of Health.

Mass X-ray

"When we are told that the death rate from tuberculosis is rapidly diminishing why should I be X-rayed?" is a question often asked.

The answer, as will be seen above, is clear, - namely that the incidence is not showing the same decline. While the death rate has been so greatly improved, in order to wipe out the disease it is essential to find the early case and to prevent it from becoming a danger to others. All forms of tuberculosis are not infectious, - even when it occurs in the lungs it is not so in the early stages and spread can be prevented. At the onset it is often quite symptomless, or the sufferer may merely feel a little tired. If it is symptomless and giving no signs on the surface which can be detected with a stethoscope, there is no other way of discovering it except by X-ray. It must also be remembered that a film may reveal conditions other than tuberculosis for which treatment is essential, so such periodic examination is best regarded as a "health check".

Unfortunately experience shows that a high proportion of those who attend at each visit of the Unit have done so previously, whereas those who have failed to take advantage of the facilities on other occasions are only too likely to stay away again. In recent years the tendency has been, particularly in males, for the apparent age of onset to rise, and unfortunately it is the older men who are so often reluctant to attend for examination. As their disease is only too prone to assume a chronic form, with comparatively slight effect on the general health, patients of this type tend to form chronic reservoirs of infection among their fellow workers.

The Mass Radiography Unit from Worcester Park visited Crawley in September last. The fact that the Unit was able to set up in the Industrial Estate resulted in a fairly good response, a total of between 4,000 and 5,000 attending there for examination. Moving later to the town, general public surveys were carried out, when nearly 3,000 attended. Undoubtedly the response would have been better had the Unit been able to visit the Neighbourhoods, and it is to be hoped that such an arrangement will be possible when the next visit is paid. Details of the findings, for which I am indebted to the Medical Director of the Unit, will be found on page 19.

Food Hygiene

During the year a considerable proportion of the time of the staff of the Health Department was devoted to this work, for it will be remembered that the Food Hygiene Regulations, made under the Food and Drugs Act 1955, only came into force on January 1st. Periodic visits were made to food-shops, canteens, restaurants etc. Talks were given when possible to groups of food-handlers, and we were interested to learn that a course of three lectures, given by your Medical Officer of Health and Chief Public Health Inspector to the staff of the School Meals Service, was the first of its kind to be organised in West Sussex. Further information on this important matter, from the pen of the Chief Public Health Inspector, will be found on page 23.

In his report for 1954, the Chief Medical Officer of the Ministry of Health reported that the number of "incidents" of Food Poisoning during the year had been 6,016, showing a rise of 14% over the previous year. In the following report for 1955, which is the last year available, he reveals that this total has shown a further increase to 8,961. Whereas the sporadic cases rose from 4,880 to 7,626, the "outbreaks" dropped from 1,136 to 612. The report points out that, as in the past, processed and made-up dishes, reheated meat, meat pies, brawn and meat rolls, cold meats, sausages and stews, were responsible for the majority of outbreaks of Food Poisoning which could be traced to specific dishes.

Reference to the table of notifications will reveal that only three cases of Food Poisoning were the subject of formal notification in Crawley during the year. These refer to a small outbreak of staphylococcal food poisoning

at a factory canteen in July, when enquiries revealed that a total of five persons had been affected. A full report was submitted to the Public Health Committee shortly afterwards.

A much larger outbreak had occurred early in June, when over eighty persons who had eaten the same lunch were affected by food poisoning due to Clostridium welchii. Here, as was to be expected, the outbreak was due to the cooking of meat in mass on the day prior to consumption, the meat being reheated on the following morning. The dangers of this practice cannot be too strongly emphasised.

In Crawley many canteens and catering establishments have been opened, some at considerable expense with all modern fittings. Yet it does not necessarily follow that the risk of food poisoning is materially lessened, for in the end responsibility must rest fairly and squarely on the individual food-handler. The best of planning and the most modern of equipment are useless if one individual neglects to obey the rules of good personal hygiene, for it cannot be too strongly stressed that, in the majority of cases, food poisoning results from contamination with organisms from the human bowel.

If a genuine advance is to be made in this connection, it is essential that instruction in matters of hygiene should be given during the formative years of childhood. In many parts of this country the giving of such instruction to school children presents serious difficulties. How, for example, can the importance of hand-washing before eating be stressed to children when there is a shortage of wash-hand basins and no hot water? In Crawley, where most schools are housed in modern and well-equipped premises, this difficulty does not arise, and there is a great opportunity for a comprehensive scheme of health education. The ignorance of the average child with regard to the structure and functions of the body, and the ways in which infectious disease may be spread, and of food values, shows a need for planned biological teaching, for only in this way may misconceptions be removed. Experience shows that most school children, particularly in the older age groups, become interested in aspects of human physiology and heredity, first-aid, and in communicable disease. There are all fields in which the Health Department can render assistance.

Diphtheria Immunisation

The increased attention paid to immunisation against Whooping Cough, still a common disease, to vaccination against Poliomyelitis, Mantoux testing and the giving of B.C.G. to school-leavers, are all factors which tend to distract attention from the importance of diphtheria immunisation. Since the National Campaign started in 1940 the objective has always been to protect at least 75% of children before their first birthday, but the report of the Chief Medical Officer of the Ministry for 1955 shows that only 36.7% of children were, in fact, so protected at a year, - less than half the number considered advisable "to ensure adequate and continuing community protection".

The astonishing drop in the incidence of, and mortality from, this disease is also a factor. It is not always easy to persuade parents of the need of such protection when neither they, their families nor their friends have ever suffered from it, and have perhaps never heard of a case. So it is of vital importance to remember that during the decade 1930-1939 the annual average notifications of Diphtheria in England and Wales was 58,000, with about 2,800 deaths each year. The fact that in 1955 there were only 155 corrected notifications, with 13 deaths, should not be regarded with complacency. Unless the present level of immunisation is not only maintained but improved, this dread disease may yet return.

Numbers of the children protected in Crawley during 1956 will be found on page 14.

My thanks are due to Mr. T. Steel, Chief Public Health Inspector, and to his staff for their help and co-operation in the work of the Department, and to my Secretary, Miss Heydon, who has been responsible for the typing of this report.

I would take this opportunity of expressing my appreciation of the support I have received from the Chairman and Members of the Public Health Committee.

I am, Ladies and Gentlemen,

Your obedient Servant,

T. Steel
Medical Officer of Health.

Members of the Public Health Committee

Mrs. N. Simkins (Chairman)
Mr. R.P. Barry (Vice-Chairman)
Mrs. H.C. Carman, J.P.
Mr. R.G. Davis-Poynter
Mr. R. Dawson
Capt, S.H. De La Mare
Mr. J.W. Godwin
Mr. E.S. Lawler
Mr. R. May, J.P.
Mr. W.G.A. McCormick
Mr. E.V. Vygus (to 24th July)
Mr. R.W. Portlock (from 24th July)
Mr. A.C. Ward

Staff of the Public Health Department

Kenneth N. Mawson, M.B., Ch.B., D.P.H., F.R.S.H.
Medical Officer of Health; also Assistant County
Medical Officer and School M.O. to the West Sussex
County Council.

T. Steel, M.A.P.H.I., Chief Public Health Inspector.
Certificate of the Royal Sanitary Institute and
Sanitary Inspectors Joint Board.
Certificate of the Royal Sanitary Institute for
Inspectors of Meat and Other Foods.

L.P. Poole, M.A.P.H.I., A.R.S.H., Additional Public
Health Inspector.
Certificate of the Royal Sanitary Institute and
Sanitary Inspectors Joint Board.
Certificate of the Royal Sanitary Institute for
Inspectors of Meat and Other Foods.

Clerk - Miss W. Brackpool

Secretary to M.O.H. - Miss M. Heydon

CRAWLEY URBAN DISTRICT 1956

Statistics & Social Conditions of the Area 1956

| | |
|---|----------|
| Area (Acres) | 5,622 |
| Estimated resident population, mid-1956 | 32,300 |
| Number of Inhabited Houses (31st December, 1956) according to the Rate Books | 9,600 |
| Rateable Value (31st December, 1956) | £505,032 |
| Sum represented by a Penny Rate (estimated) | £2,100 |

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

Total M. F.

| | | | | |
|-----------------------------|-----|-----|-----|---|
| Live Births (Legitimate ... | 621 | 322 | 299 |) Birth Rate = 26 per 1,000 |
| (Illegitimate.. | 9 | 4 | 5 |) estimated resident population in mid-1956. |
| Still Births | 11 | 6 | 5 |) Rate per 1,000 total births = 20.79 |

The above figure for the Birth Rate has been calculated by taking the figure for total births registered between April 1st and December 31st and increasing it by a third to cover a period of twelve months. However, owing to the rate of increase in the population, this figure is not strictly accurate. If a calculation is made using the estimate of population on August 18th, 1956 (33,100) together with the figure for births registered during the second, third and fourth quarters, adding a proportionate increase to cover the first quarter, the final estimate will be:-

Birth Rate = 25.3 per 1,000 population.

Deaths... 132 (in 2nd, 3rd and
4th quarters) Crude Death Rate = 5.32

(This death rate is calculated on a population of 33,100,
with a proportionate increase for the first quarter)

England and Wales Birth Rate = 15.7 Death Rate = 11.7

Birth Rate corrected by Comparability Factor:-

Based on mid-year population of 32,300 = 19.5
" " August " " 33,100 = 18.99

Death rate corrected by Comparability Factor = 9.7

West Sussex Urban Districts Birth Rate = 13.34

Death Rate = 14.71

Deaths from Puerperal Causes (i.e. Deaths from Pregnancy, Childbirth and Abortion)

| <u>Deaths</u> | <u>Rate per 1,000 Total Births</u> |
|---------------|------------------------------------|
|---------------|------------------------------------|

0

0

Death Rate of Infants under 1 year of age:-

During the last three quarters of 1956, the deaths of 19 children living in the district were registered. Of these 11 were male and 8 female, all being legitimate births.

| | |
|--|-------|
| Rate for all infants per 1,000 Live Births | 31.6 |
| Legitimate Infants per 1,000 Legitimate Live Births..... | 30.6 |
| Illegitimate Infants per 1,000 Illegitimate Live Births..... | 0.0 |
| (Infant Mortality Rate for England & Wales | 23.9) |
| Deaths from Cancer (all ages) | 27 |
| Deaths from Measles (all ages) | 0 |
| Deaths from Whooping Cough (all ages) | 0 |

CAUSES OF DEATH IN THE CRAWLEY URBAN DISTRICT

| | <u>Males</u> | <u>Females</u> |
|--|--------------|----------------|
| 1. Tuberculosis, respiratory | 0 | 0 |
| 2. Tuberculosis, other | 0 | 0 |
| 3. Syphilitic disease | 0 | 0 |
| 4. Diphtheria | 0 | 0 |
| 5. Whooping Cough | 0 | 0 |
| 6. Meningococcal infections | 0 | 0 |
| 7. Acute poliomyelitis | 1 | 0 |
| 8. Measles | 0 | 0 |
| 9. Other infective and parasitic diseases | 0 | 0 |
| 10. Malignant neoplasm, stomach | 1 | 2 |
| 11. Malignant neoplasm, lung, bronchus | 6 | 1 |
| 12. Malignant neoplasm, breast | 0 | 1 |
| 13. Malignant neoplasm, uterus | 0 | 0 |
| 14. Other malignant & lymphatic neoplasms | 9 | 7 |
| 15. Leukaemia, aleukaemia | 0 | 0 |
| 16. Diabetes | 0 | 0 |
| 17. Vascular lesions of nervous system | 4 | 10 |
| 18. Coronary disease, angina | 10 | 12 |
| 19. Hypertension with heart disease | 1 | 1 |
| 20. Other heart disease | 7 | 8 |
| 21. Other circulatory disease | 4 | 2 |
| 22. Influenza | 0 | 0 |
| 23. Pneumonia | 1 | 5 |
| 24. Bronchitis | 0 | 0 |
| 25. Other diseases of respiratory system | 1 | 1 |
| 26. Ulcer of stomach and duodenum | 1 | 0 |
| 27. Gastritis, enteritis and diarrhoea | 1 | 0 |
| 28. Nephritis and nephrosis | 1 | 1 |
| 29. Hyperplasia of prostate | 2 | 0 |
| 30. Pregnancy, childbirth and abortion | 0 | 0 |
| 31. Congenital malformations | 2 | 1 |
| 32. Other defined and ill-defined diseases | 14 | 7 |
| 33. Motor vehicle accidents | 3 | 1 |
| 34. All other accidents | 1 | 0 |
| 35. Suicide | 1 | 1 |
| 36. Homicide and operations of war | 0 | 0 |
| | <hr/> | <hr/> |
| | 71 | 61 |
| | <hr/> | <hr/> |

SOCIAL CONDITIONS

Under the New Towns Act, 1946, eight New Towns are now being built in a ring approximately 25 to 30 miles from the centre of London, with the primary object of relieving overcrowding in the Metropolis. Of these, Crawley is the only one south of London, and a town of 50,000 to 60,000 inhabitants is now more than half completed. Covering 6,000 acres, the Designated Area is approximately $3\frac{1}{2}$ miles across and is surrounded by a green belt which gives ready access to the countryside.

While the Crawley Development Corporation is responsible for the planning and building of the town, including the majority of houses, most shops and some factories, the administration of the area is in the hands of the local authorities, - the West Sussex County Council and the Crawley Urban District Council.

The town has been planned to have nine Residential Areas (with populations varying from 4,600 to 8,250), a Town Centre and an Industrial Area, the last being situated to the north of the town on the London side, adjoining the main road and railway. Each Residential Area, six of which are almost completed, is largely self-contained, having a Primary School, shops which provide for daily needs, a Church and a Public House. This arrangement cuts to the minimum the distance which children are obliged to walk to school in their early years. A Grammar School and three Secondary Modern Schools have been built, providing places for nearly 2,000 children. The Secondary Schools, which are co-educational, are so sited as to serve three Residential Areas, each drawing its pupils from a total population of about 15,000 living within a radius of a mile from the school.

One permanent Community Centre has been provided adjoining West Green Primary School, and five temporary Centres erected in other Neighbourhoods.

There is a wide range in the design of houses in the New Town, the Corporation having designed and built no less than 249 different types of dwellings. Three-quarters of the accommodation is now provided in three-bedroomed houses, the type in greatest demand, and it is interesting to note that very few prospective tenants, less than $2\frac{1}{2}\%$, are willing to be housed in flats.

In addition to the houses erected by the Crawley Development Corporation, the Local Authorities have completed 647 houses since 1947, while the Crawley Urban District Council propose to start 87 during 1957.

Nearly all new residents work in Crawley, either in the factories or in the town services. About 60 factories are in production and the Ministry of Labour estimates that the total employment in the town is now about 18,000 persons, - 8,800 working in the new Industrial Area, 2,500 in industries outside this area, 3,900 in non-industrial employment and 2,800 in building and civil engineering. In addition it is estimated that 3,700 people travel daily into Crawley, of whom 1,500 are engaged in building.

Work is rapidly proceeding in the building of the Town Centre, where many large stores and shops have been, or are being, erected. It is obvious that the Town Centre will not only serve the people of Crawley itself but those living in the surrounding district, for whom it will become the most convenient large centre for shopping and entertainment.

NOTIFIABLE DISEASES

The following cases were notified during 1956:-

| | |
|-------------------------------------|-----|
| Scarlet Fever | 1 |
| Whooping Cough | 53 |
| Poliomyelitis (Paralytic) | 5 |
| Poliomyelitis (Non-paralytic) | 4 |
| Measles | 380 |
| Pneumonia | 1 |
| Food Poisoning | 3 |
| Puerperal Pyrexia | 2 |
| Dysentery | 1 |

TUBERCULOSIS

Number of cases added to the Register during the year - 83

(Of this number 17 were new cases, the remainder being "transfers" when the patient moved to Crawley).

| | | | |
|-------------------|----|-----------------------|---|
| Pulmonary Males | 43 | Non-Pulmonary Males | 4 |
| Pulmonary Females | 35 | Non-Pulmonary Females | 1 |

It is noteworthy that there were no deaths during the year registered as being due to Tuberculosis.

The number of cases of Tuberculosis on the Register at the 31st December, 1956 was 192.

DIPHTHERIA IMMUNISATION

During the year 684 children under 5 years of age, and 107 between the ages of 5 and 15 years, received the full course of immunisation. In addition, 679 children, who had previously been protected, were given a "reinforcing" dose.

ACCOMMODATION FOR INFECTIOUS DISEASE

The following cases of notifiable disease were admitted to hospital during the period ending 31st December, 1956:-

Foredown

Poliomyelitis (Paralytic) 7 (2 DNC)
Poliomyelitis (Non-Paralytic). 6 (2 DNC)

Queen Mary's Hospital, Carshalton

Dysentery 1

Redhill County Hospital

Pneumonia 1

NATIONAL ASSISTANCE ACT, 1948

It was not necessary during the year under review to take action under Section 47 of the above Act.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA1. Laboratory Facilities.

Whereas previously all routine bacteriological work from the Horsham Rural District had been referred to the Epsom Laboratory of the Public Health Laboratory Service, arrangements were made early in 1956 for samples to be sent to the Brighton Laboratory. It is desirable that all specimens should reach the Laboratory with the minimum of delay, and it was found that transport to Brighton would prove quicker and generally more convenient. Routine samples of water, milk and ice-cream are submitted, together with many other types of specimens for bacteriological examination when necessary. All general practitioners in the area were informed of the scheme and invited to make use of our transport arrangements when necessary.

We are indebted to Dr. J.E. Jameson, Director of the Laboratory, for his assistance and advice on many occasions.

2. Ambulance Facilities.

In West Sussex, the County Council, as Local Health Authority, has entrusted the operation of the Ambulance Service to the St. John Ambulance Brigade, an admirable arrangement which puts to good use the "Spirit of Service" for which the Brigade is renowned. In each locality, the day-to-day administration of the Service is dealt with by the Superintendent of the Local Division.

At present three ambulance vehicles are stationed in Crawley, each with a full-time paid driver, but it is anticipated that a fourth vehicle will be provided during 1957. Invaluable help is given at all hours by the St. John Nursing Division, the nurses acting as ambulance attendants in a voluntary capacity. During 1956, the three ambulance vehicles covered a total mileage of 56,040. In addition many journeys were made by the vehicles of the Hospital Car Service. While it is not possible to give separate figures for Crawley, as the New Town is covered from the Horsham Divisional Headquarters, it can be stated that calls on the Service continue to rise. Last year volunteer drivers, in their own vehicles, covered nearly a quarter of a million miles when transporting patients from the north-east corner of West Sussex.

3. Hospital Accommodation for Infectious Disease.

The majority of cases of infectious disease in need of hospital treatment are admitted to Foredown I.D.H. at Hove. I must express my appreciation of the helpful co-operation of the Medical Superintendent.

We are advised that any cases of Smallpox occurring in the district should be sent to the River Hospital (Long Reach), Dartford, Kent.

General Provision of Health Services in the Area (Continued)4. Clinics and Treatment Centres.A. By Local Health Authority.

The following is an account of the Services provided in the area by the West Sussex County Council as Local Health Authority.

(a) Nursing: The West Sussex County Council employs District Nurses, Midwives, Health Visitors and School Nurses. In Crawley the Health Visitors act as School Nurses, but District Nurses and Midwives operate separately.

(b) Maternity and Child Welfare: Infant Welfare Clinics are held as follows:-

Congregational Church Rooms. Sessions are held each Tuesday from 2 p.m., a doctor being in attendance fortnightly.

Langley Green School. Sessions are held twice weekly (Monday and Wednesday) from 2.30 p.m., a doctor being in attendance on the second and fourth Monday and the first and third Wednesday in the month.

Jubilee House, Three Bridges. Sessions are held twice weekly (Monday and Thursday) from 2 p.m. A doctor attends on the first Monday in the month at 3 p.m. and on the third Monday at 2 p.m.; also on the second and fourth Thursday in each month.

'Ante-Natal Clinic.

Congregational Church Rooms. Sessions held on the first Monday in the month at 2 p.m. A doctor is in attendance at each session.

Contraceptive Clinic

Langley Green School. A Family Planning Clinic is held each Tuesday from 1.45 p.m.

Relaxation Classes.

Congregational Church Rooms. Classes are held fortnightly on Thursday at 2.15 p.m.

Jubilee House, Three Bridges. Classes are held fortnightly on the first and third Thursday in each month at 2 p.m.

(c) School Health Service: Regular inspections of children are carried out at all the schools by the District M.O.H. and other School Medical Officers in the service of the County Council.

General Provision of Health Services in the Area (Continued)(c) School Health Service (Continued):

One full-time Dental Surgeon operates in Crawley, with assistance from other members of the County staff. Regular sessions are held at the Langley Green Clinic and in the medical rooms of the new schools.

Eye, Orthopaedic and Physiotherapy Clinics are held in the town, but children who are referred from the Orthopaedic Department, as requiring examination by the Consultant Orthopaedic Surgeon, are seen by him at the Horsham Health Centre.

Sessions for immunisation against Diphtheria and Poliomyelitis are held at the Robinson Road, Langley Green and Three Bridges Clinics, but most children are treated in their own schools as this causes the minimum of interference with the school curriculum.

(d) Home Help Service: This is controlled by the Women's Voluntary Services on behalf of the County Council. The value of this work cannot be over-estimated.

B. Other Facilities.

(i) Hospital and Specialist Services: A comprehensive hospital and specialist service is provided by the Regional Hospital Board. Hospital accommodation of a private nature is available in certain circumstances, subject to appropriate charges.

(ii) General Medical and Dental Services: Everyone is entitled, as part of the arrangements of the National Health Service, to general medical and dental care. Local arrangements for these services are organised through the National Health Executive Council for West Sussex, 175, Broyle Road, Chichester.

(iii) Horsham Chest Clinic: This is held partly in Horsham Hospital and partly in the adjoining Health Centre, and is available to all residents in the area.

(iv) Venereal Diseases: Patients may attend the Clinic at the Redhill County Hospital or at the Royal Sussex County Hospital, Brighton. Treatment is confidential and times are as follows:-

Redhill County Hospital

Men - Mondays 5 p.m. to 7 p.m.

Women - Wednesdays 5 p.m. to 7 p.m.

General Provision of Health Services in the Area (Continued)(iv) Venereal Diseases (Continued):Royal Sussex County Hospital

Men - Mondays, Thursdays and Saturdays 1.30 to 4.30 p.m.

Women - Tuesdays 1.30 to 4.30 p.m.
Thursdays and Saturdays 10 a.m. to 1 p.m.

5. Mass Radiography

Crawley is in the area covered by the Worcester Park Unit from Surrey and reference has been made to the last visit in 1956 in the introduction to this report.

I am indebted to the Medical Director for providing me with the following details of his 1956 survey:-

Crawley Factory Estate Survey.

| | | <u>Male</u> | <u>Female</u> |
|---|-------------|-------------|---------------|
| Total number examined | | 3476 | 1077 |
| Pulmonary Tuberculosis - Active disease | | 2 | 1 |
| " " - Inactive " | | 164 | 29 |
| Non-tuberculous abnormalities | | 100 | 11 |

Crawley General Public Survey.

| | | | |
|---|-------------|------|------|
| Total number examined | | 1182 | 1675 |
| Pulmonary Tuberculosis - Active disease | | 2 | 1 |
| " " - Inactive " | | 52 | 48 |
| Non-tuberculous abnormalities | | 49 | 32 |

SANITARY CIRCUMSTANCES OF THE AREA

by the Chief Public Health Inspector, Mr. T. Steel.

During the nine months from the formation of the Crawley Urban District on 1st April, the major effort of this Department was directed towards the enforcement of the Food Hygiene Regulations. This, and other main items, are referred to under individual headings in the following pages.

Queries have often been raised as to the need for Public Health Inspectors in a New Town. I feel obliged, therefore, to comment that, except for the differences in the housing situation, the work necessary is very similar to that in other districts and, moreover, that constant vigilance is required if due advantage is to be taken of all the opportunities of securing advancement of environmental hygiene.

Much attention has, therefore, been paid to the plans of all proposed new food premises, shops and factories, with a view to starting off with the highest possible standard of equipment and layout. Persons proposing to occupy premises have been found to be keen to co-operate, but it is essential for the requirements arising from the need for clean food, clean air etc. to be determined at an early stage in order to avoid alterations to plans.

I should like to express appreciation of the helpful and conscientious work put in by Mr. Poole, the Additional Inspector, and also to Miss Brackpool for her able management of the clerical work. An adequate and efficient clerical staff is essential if inspectors are to devote a full measure of effort to the practical aspects of the work of a Public Health Department.

WATER SUPPLY:

| Samples taken. | Bact. | Chem. | Satisfactory. | B. coli present over 3 per 100 ml. |
|----------------|-------|-------|---------------|------------------------------------|
| 65 | 63 | 2 | 59 | 4 |

| | |
|--|-----------------------|
| No. of dwellinghouses supplied with main water direct to the houses. | Estimated population. |
| 9790 | 35,300 |

Water Supply (Continued):

| | |
|---|------|
| New Houses connected to main supply | 1719 |
| Bacteriological samples taken from private supply | 3 |
| Number of samples found unsatisfactory | 2 |

Private Swimming Pool

| | |
|----------------------------|---|
| No. of samples taken | 3 |
|----------------------------|---|

INSPECTIONS, ETC.

Number of notices served under the Public Health Act:-

| | |
|----------------|----|
| Formal | 2 |
| Informal | 43 |

Number of notices complied with:

| | |
|----------------|----|
| Formal | 2 |
| Informal | 20 |

| | |
|---------------------------|-----|
| Complaints received | 73 |
| Inspections | 74 |
| Re-inspections | 138 |

Food & Drugs Act, 1955

Number of food premises in the district:-

| | |
|------------------------------------|-----|
| Grocers & provisions shops | 52 |
| Confectioners | 20 |
| Greengrocers | 18 |
| Butchers | 21 |
| Bakers | 12 |
| Fishmongers | 9 |
| Cafes & restaurants | 16 |
| Licensed premises | 19 |
| School canteens | 16 |
| Nursing & convalescent homes | 2 |
| Factory canteens | 34 |
| Clubs, etc. | 10 |
| Total | 229 |

Number of food premises registered under Section 16:-

For the sale of ice cream:-

| | |
|----------------------------------|----|
| Grocers & provisions shops | 32 |
| Confectioners | 18 |
| Bakers | 3 |

Inspections (Continued):Food & Drugs Act, 1955 (Continued)

For the manufacture of sausages, preserved foods, etc.:

| | |
|----------------|----|
| Butchers | 13 |
| Grocers | 1 |
| Total | 67 |

SHOPS ACT, 1950

The fact that this Department is responsible for the provisions of the whole of Section 38 of the Shops Act greatly facilitates administration, particularly in respect of food premises. Difficulties would no doubt have arisen if those parts of the section relating to lighting, washing facilities and feeding facilities had still been administered by the County Council.

Notification of lettings by the Development Corporation is again very helpful.

Milk & Dairies Regulations, 1949-1954

Number of dairies registered -

Inspection of Registered Food Premises

Number of inspections 430

Method of Disposal of Condemned Food

Meat and fish stained and released for by-product usage, otherwise the condemned food disposed of on the Council's refuse tip.

Food Hygiene Regulations, 1955-56

Number of inspections 943

Number of notices served:-

| | |
|----------------|----|
| Formal | - |
| Informal | 81 |

Number of notices complied with:-

| | |
|----------------|----|
| Formal | - |
| Informal | 75 |

FOOD HYGIENE

The position as regards the structural requirements of the Food Hygiene Regulations can be regarded as very satisfactory. A good deal of education is still required, however, on the proper and separate usage of wash basins and sinks, and also on the protection and storage of the more potentially dangerous foodstuffs.

There can be no doubt that the Food Hygiene Regulations have been a powerful weapon in securing improved standards. It is to be regretted, however, that such foods as cooked meats are not subject to temperature control whilst exposed for sale, and that it is often found necessary to request traders to make and maintain better arrangements for proper protection from contamination by both customers and staff.

During the year, including the three months during which Horsham Rural District Council were the Local Authority for the New Town, it was found necessary to give informal notice of contraventions of the Regulations in respect of 151 of the 229 food premises inspected. Almost complete compliance was obtained by the end of the year.

No legal proceedings were instituted, although authority for taking proceedings in respect of two bakehouses was obtained from the Council. On being informed of this, one occupier closed his bakehouse and the other immediately commenced the necessary works.

I should like to express appreciation of the willing co-operation of the majority of the food-traders of the town. Talks given to women's organisations have, I suggest, also contributed to the steady progress by stimulating a consumers' demand for clean food, which traders are quick to recognise.

A high standard has been obtained in the new public houses built in the district, and improvements have been made or are planned for all existing public houses.

The system of determining requirements for new premises in the planning stage has worked well, and I am grateful for the help given by the officers of the Development Corporation in respect of the premises built by them. The prompt notification of lettings greatly facilitates early determination of structural requirements.

Milk Supply

Number of registered purveyors of milk 29

Dealers' Licences

| | |
|-------------------------|----|
| Tuberculin Tested | 15 |
| Pasteurised | 27 |
| Sterilised | 14 |

Milk Supply (Continued)

Number of notices served under the Milk & Dairies Regulations, 1949:-

| | |
|-----------------|---|
| Statutory | - |
| Informal | 1 |

Number of notices complied with:-

| | |
|-----------------|---|
| Statutory | - |
| Informal | 1 |

MILK SAMPLESBacteriological examination of milk:

| Designation | Samples taken | Up to Standard. | Below Standard. Failed Methylene Blue Test. |
|-------------------|---------------|-----------------|---|
| Tuberculin Tested | 8 | 8 | - |
| T.T. Pasteurised | 24 | 24 | - |
| Pasteurised | 26 | 25 | 1 |
| Sterilised | 4 | 4 | - |
| Totals: | 62 | 61 | 1 |

Biological examination of milk:

| Designation | Samples taken. | Up to Standard. | Below Standard. |
|-------------------|----------------|-----------------|-----------------|
| Tuberculin Tested | 2 | 2 | - |
| Undesignated | 2 | 1 | 1 |
| Totals: | 4 | 3 | 1 |

ICE CREAM SAMPLES

| No. of samples Taken. | Prov. Grade I. | Prov. Grade II. | Prov. Grade III. | Prov. Grade IV. |
|-----------------------|----------------|-----------------|------------------|-----------------|
| 33 | 17 | 12 | 1 | 3 |

MEAT AND OTHER FOODS:

The following articles of food were examined during the year and condemned as unfit for human consumption:-

| | |
|---------------------------|-----------------|
| 225 lbs. Beef | 63 Tins Fruit |
| 23 lbs. Sausages | 15 Tins Milk |
| 28 $\frac{3}{4}$ lbs. Ham | 4 Tins Soup |
| 28 lbs. Fish | 3 Tins Preserve |
| 29 lbs. Cheese | 1 Tin Baby Food |
| 63 Tins Meat | 1 Jar Paste |
| 160 Tins Vegetables | 1 Jar Pickles |
| 15 Tins Fish | 19 Boxes Cheese |

Outworkers' Premises.

| | |
|-------------------|---|
| Inspections | 6 |
|-------------------|---|

Moveable Dwellings

| | |
|--------------------------------|----|
| Inspections | 40 |
| Number of notices served | 5 |

The majority of the caravans in the district are occupied by building workers and their frequent removal from site to site makes adequate supervision difficult. Conditions are, however, usually found to be satisfactory and the few nuisances that have arisen have been remedied by informal action.

Infectious Disease

| | |
|-------------------------|----|
| Visits of enquiry | 60 |
| Rooms disinfected | 6 |

Eradication of Bed Bugs and Fleas etc.

| | |
|---|---|
| Number of visits in connection with vermin | 2 |
| Number of rooms treated for vermin .. | 3 |

Drainage Work

| | |
|---|----|
| Drains relaid and tested | 3 |
| Houses connected to main drainage.... | 23 |
| Houses provided with flushing cisterns | - |
| Privies converted to E.C.'s | - |
| E.C.'s converted to W.C.'s | - |

Dustbins

| | |
|-----------------------------|----|
| New dustbins supplied | 15 |
|-----------------------------|----|

Rodent Control

| | |
|---|------|
| Number of complaints received | 117 |
| Number of infested premises found as a result of survey | 149 |
| Estimated number of rats killed | 4005 |
| Estimated number of mice killed | 495 |
| Number of rats picked up after treatment | 801 |

Apart from the normal infestations occurring in a town of this nature, there is the additional problem of the infestation of building sites to which rats are often attracted by the scraps of food thrown about. Regular routine inspections of all the larger sites are made by the rodent operative, as notification of infections has often been found to be belated.

Early action on building sites is beneficial in preventing infestation of new sewers.

Knackers' Yards

| | |
|-------------------------------------|----|
| Number of premises registered | 1 |
| Inspections | 11 |

During the year the one knacker's yard in the district was brought up to the standard of the byelaws made by the Horsham Rural District Council.

It is a matter of grave concern that, however much supervision can be given to knackers' yards, there are at present no adequate means of preventing diseased and heavily contaminated meat being taken into homes for feeding animals and subsequently infecting other foodstuffs.

HOUSINGInspection of dwellinghouses during the year:-

| | |
|---|----|
| Total number of dwellinghouses visited for housing defects under Public Health and Housing Acts | 98 |
|---|----|

Houses demolished or closed in the period1. Housing Act, 1936

| | |
|---|---|
| (a) Demolished as a result of formal or informal procedure (Section 11) | 1 |
| (b) Closed in pursuance of an undertaking given by the owners under Section 11 and still in force | - |
| (c) Parts of buildings closed (Section 12) | - |

Housing (Continued)2. Housing Act, 1949

Closed as a result of closing orders under
Secs. 3 (1) and 3(2) -

3. Local Government (Miscellaneous Provisions) Act, 1953

Closed as a result of closing orders under
Secs. 10(1) and 11(2) -

Repairs in the period.

4. Unfit houses rendered fit and houses in which defects were
remedied during the period as a result of informal action
by the local authority under the Housing and Public Health
Acts 11

5. Public Health Acts - action after service of formal notice:

(a) By owners -
(b) By local authority in default of owners -

6. Housing Act, 1936 - action after service of formal notice
(Sections 9, 10, 11 and 16)

(a) By owners 2
(b) By local authority in default of owners -

7. Housing Repairs and Rents Act, 1954

Houses reconstructed, enlarged or improved and
Demolition Orders revoked (Section 5) -

Unfit houses in temporary use (Housing Repairs & Rents Act, 1954)

8. (a) Houses retained for temporary accommodation and
approved for grant under Section 7 -
(b) Separate dwellings contained in (a) above .. -
(c) Houses licensed for temporary occupation ... -

Housing Act, 1936 (Part IV) - Overcrowding

(a) 1. Number of dwellings overcrowded at the end of the year ... -
2. Number of families dwelling therein -
3. Number of persons dwelling therein -

(b) Number of cases of overcrowding reported during the year -

Housing (Continued)Housing Act, 1936 (Part IV) - Overcrowding (Continued)

- (c) Number of cases of overcrowding relieved during the year ... -
- (d) Number of formal notices to abate overcrowding -
- (e) Number of formal notices complied with -

It was not possible to devote much time to housing inspections during the year, and the necessary resurvey of the district was postponed until a second Additional Inspector was appointed in January, 1957. There are no large areas of unfit houses in the district, and it is unlikely that it will be necessary to include more than 41 houses in the Council's proposals.

It is interesting to note that a high proportion of owners who were informally notified of defects, availed themselves of the provisions of Section 6(4) of the New Towns Act in requiring the Development Corporation to purchase the houses concerned. It is satisfying to find that the Development Corporation, where possible, carry out improvements to sub-standard properties of which they are obliged to become the owners.

FACTORIES ACT, 1937

Inspections for purposes of provisions as to health:-

- (1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities:-

| No. on register. | Inspections. | Written Notices. | Occupiers prosecuted. |
|------------------|--------------|------------------|-----------------------|
| - | - | - | - |

- (2) Factories not included in (1) in which Section 7 is enforced by the local authority:-

| No. on register. | Inspections. | Written Notices. | Occupiers prosecuted. |
|------------------|--------------|------------------|-----------------------|
| 98 | 277 | 2 | - |

Factories Act, 1937 (Continued)

(3) Totals of (1) and (2):-

| No. on register. | Inspections. | Written Notices. | Occupiers prosecuted. |
|------------------|--------------|------------------|-----------------------|
| 98 | 277 | 2 | - |

Cases in which defects were found:-

| | Found | Remedied |
|-------------------------------|-------|----------|
| Want of cleanliness | 1 | - |
| Sanitary conveniences: | | |
| Insufficient | - | - |
| Unsuitable or defective | 1 | - |
| Not separate for sexes | - | - |
| Total: | 2 | - |

Section 34 - Means of Escape in Case of Fire

| | |
|--------------------------------------|----|
| No. of inspections | 99 |
| No. of new certificates issued | 14 |
| No. of certificates amended | 4 |

A considerable proportion of the department's time is allotted to the duties of the Council under Section 34 in respect of means of escape.

During the year 14 new certificates were issued and 4 certificates were revised.

Owing to the rapid expansion and changes of circumstances in the majority of the new factories, frequent re-inspection is necessary and is normally carried out during visits to the factories for other purposes, such as canteen inspections and atmospheric pollution investigations.

I wish to express gratitude to the County Fire Brigade Officers for their assistance with inspections and for their valuable advice on particular fire hazards.

PETROLEUM

| | |
|--------------------------------------|-----|
| No. of licences issued | 49 |
| No. of inspections | 180 |
| No. of installations made safe | 6 |

ATMOSPHERIC POLLUTION

Considerable attention was devoted to this subject, particularly to the apparatus installed in new factories etc. The majority of the apparatus installed in the larger factories is oil-fired with fully automatic control. Most of the smaller factories use gas or electricity for all their heating requirements.

Difficulty is experienced by one factory in obtaining the smokeless combustion of wood-waste. Great improvements were effected, however, by the installation of a smoke alarm system and by arrangements made with the management for the Council to remove waste which was surplus to the capacity of the purpose-designed incinerator.

Continuous smokeless combustion of such a variable fuel is extremely difficult to obtain, and demands a high degree of skill on the part of the operator.

As regards other sources of pollution, it is fortunate that the Three Bridges Railway Station sidings are a considerable distance from the nearest dwellings.

It can be said without hesitation, however, that the major problem of atmospheric pollution in the district is that caused by the domestic consumption of coal. All houses built by the Development Corporation and by the Council are fitted with approved appliances with gas ignition available.
